

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1746

Registration District No. 73Primary Registration District No. 3006

State File No. _____

Registrar's No. 27

1. PLACE OF DEATH

- (a) County Boone
- (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution 407 N. 8th St
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ALICE BAUMGARTNER3. (b) If veteran, name war None 3. (c) Social Security No. None5. Color or race Female 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife August Baumgartner 6. (c) Age of husband or wife if alive 85 years7. Birth date of deceased March 14 1859
(Month) (Day) (Year)8. AGE: Years 81 Months 10 Days 16 If less than one day hr. min.9. Birthplace Boone Co. Mo
(City, town, or county) (State or foreign country)10. Usual occupation Th. Farmer

11. Industry or business _____

12. Name Paul Verner13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Sarah Martin15. Birthplace Boone Co. Mo
(City, town, or county) (State or foreign country)16. (a) Informant August Baumgartner(b) Address Columbia, Mo17. (a) Interment (b) Date thereof Feb 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missionary18. (a) Signature of funeral director Stapler's(b) Address Columbia, Mo19. (a) 1/31/41 (b) Allie Delby
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Boone
- (c) City or town Columbia
(If outside city or town limits, write "RURAL")
- (d) Street No. 407 N. 8th St
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1940 hour 3 minute 30 M.21. I hereby certify that I attended the deceased from Sup. 2
1940, to Jan 30, 1941.
that I last saw her alive on Jan 29, 1941.
and that death occurred on the date and hour stated above.Immediate cause of death Cancer on
Coronary Artery
Arteriosclerosis
Due to _____ Duration Long

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings: None
Of operationsOf autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? No74 While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature W. R. Dyson (M. D. or other)Address Columbia, Mo Date signed 1-31-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

52

81102

CK 1111-1111 111111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W H Vandevanter

Licensed Embalmer No. 2494

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1746

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Mary Alice Bumgartner

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex 7

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

10

16

hr. _____ min. _____

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3/28/41

(Date received local Registrar)

(b) Allie Selby

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cancer or Duration _____

Carcinoma of the Left Breast

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. P. Dwyer (M. D. or other) m. d.

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-1746